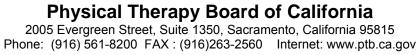


ATS #_





PHYSICAL THERAPIST **APPLICATION FEE SCHEDULE**

(FEES SUBJECT TO CHANGE)

FULL NAME:				DATE:				
ADDRESS:				017	Y	OTATE	710	
SOCIAL SECURITY NUMBER:					CH		STATE	ZIP
Require (Check bo	ed Fees: oxes for fees submitted)							
(□ Application Processing Fee Graduate of an Accredited PT Program The application processing fee is non-refundable and must be submitted with application.							\$75.00
	Initial License Fee (ILF) The ILF is required at time of application by all U.S. graduates							\$75.00
Non-California Resident Fee:								
☐ Fingerprint Card Processing Fee The fingerprint card processing fee is only required if you submit the fingerprint card with your application. If you are a resident of California, you are required to have your fingerprints processed via Live Scan. (Refer to the fingerprinting instructions.)							plication. an.	\$51.00
							Total:	\$
PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE								
FOR I	BOARD USE ONLY							
CASHIERING USE ONLY	RECEIPT NO.	PT APP 42570022	\$ PT ILF 51 12570025	FPC 99193701				
CASHII								